



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**DEPARTMENT OF STATE**  
DIVISION OF PROFESSIONAL REGULATION  
**BOARD OF FUNERAL SERVICES**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV

**APPLICATION FOR FUNERAL RESIDENT INTERN REGISTRATION  
INSTRUCTION SHEET**

**When to Apply**

Use this form and instructions when you are applying for a permit to begin a resident internship with the intention of later applying for Delaware licensure as a Funeral Director. You must serve a Delaware resident internship when you

- Do not hold a current license as a Funeral Director in any state, or
- Hold a *current* license as a Funeral Director in another state but have not practiced as a funeral director at least three of the past five years.

If you hold a current license as a Funeral Director in another state and you have practiced as a funeral director at least three of the past five years, file the [Application for Funeral Director Licensure](#).

**Obtaining a Sponsor Before Applying**

You must serve a one-year resident internship in a Delaware-licensed funeral establishment under the sponsorship of a Delaware-licensed Funeral Director. Before filing this application, select your sponsor. Your sponsor must complete the **SPONSORSHIP** section of the application form. If you end the relationship with your sponsor before the end of your internship, you must promptly notify the Board office in writing.

**Requirements for All Applicants**

The following requirements apply to all persons filing to become a Resident Intern.

- ☐ Submit a completed, signed and notarized [Application for Resident Intern Registration](#).
- ☐ Enclose non-refundable [processing fee](#) for Funeral Resident Intern by check or money order made payable to "State of Delaware."
- ☐ Arrange for the Board office to receive an official transcript sent *directly* from the high school where you graduated to the Board office.
- ☐ Arrange for the Board office to receive an official transcript sent *directly* from each college/university you attended to the Board office.
- ☐ Arrange for the Board office to receive an official transcript sent *directly* from your mortuary school to the Board office.
  - The transcript must show the degree conferred (if any) and date.
- ☐ Arrange for the Board office to receive your official National Board Examination score report sent directly from the International Conference of Funeral Service Examining Boards.
  - To request a score report, see [www.cfseb.org](http://www.cfseb.org).
  - Your internship may be approved before you pass the National Board Examination. However, you must pass the exam and request the score report before your internship ends.

- ☐ If you have ever held a funeral license of any kind in another state, arrange for the Board office to receive a letter of good standing from *each* state where you are now (or have ever been) licensed, sent *directly* from each state to the Board office.
  - If the state issues separate licenses for funeral directors and embalmers, letters of good standing for both licenses are required.
- ☐ If you have never been issued a United States Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
  - *The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants:* Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

### Completing Reports During Your Internship

When the Board approves the internship, you will be notified of the beginning and ending dates. During this one-year period, you must complete and submit 25 embalming reports and four quarterly work reports.

- The Board office will supply one copy of these forms, which you may photocopy, when you receive approval of your internship.
- You may submit the reports periodically, or you may submit all of them at the end of your internship.

### Applying for Funeral Director Licensure After Your Internship

At the end of the internship, you must take the following actions to apply for a Funeral Director license.

- File an [Application for Funeral Director Licensure](#), following the instructions on that application.
- Your sponsor must submit a **notarized** letter confirming that you have successfully completed your internship.

### State Examination Requirement

You must pass an examination on Delaware law, rules and regulations with a minimum score of 70%.

- The Board must review your [Application for Funeral Director Licensure](#) and all other required documentation, listed above, *before* you can schedule the examination. This includes your National Board Examination score, all required internship reports and the letter from your sponsor.
- When the Board has approved your application contingent on your passing the exam, the Board office will notify you to schedule the examination.
- When you schedule the exam, the Board office will request the examination [fee](#). Do not send the fee until your exam is scheduled. You may also bring the fee (no cash) with you on the day of the exam. If you request rescheduling of the examination after it has been shipped to the Board office, you will be assessed an additional fee of \$15 to cover the shipping costs.
- The testing service will send your examination results directly to the Board office. Allow two to four weeks for the Board office to receive your results.
- Your license will be issued when you pass the examination.



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**IDENTIFYING AND CONTACT INFORMATION**

1. Name: \_\_\_\_\_  
Last/Family Name First Middle
2. Other Name(s) Used: \_\_\_\_\_
3. Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Gender: Male ☐ Female ☐
4. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐  
• If Yes, Enter your SSN: \_\_\_\_\_  
• If No, you must file a [Request for Exemption from Social Security Number Requirement](#).
5. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip
6. Phone: \_\_\_\_\_  
Daytime Home
7. Email Address: \_\_\_\_\_

**EDUCATION**

8. Enter the following information about the high school from which you graduated.

NAME	STREET ADDRESS	CITY, STATE ZIP	DATE GRADUATED

9. Enter the following information about the university or college you attended.

NAME	STREET ADDRESS	CITY STATE ZIP	DATES ATTENDED	DEGREE RECEIVED

10. Other institutions from which credit is desired: \_\_\_\_\_  
\_\_\_\_\_

11. Enter the following information about the mortuary school you attended:

NAME	STREET ADDRESS	CITY, STATE ZIP	YEAR GRADUATED	DEGREE RECEIVED

Arrange for the Board office to receive official transcripts from ALL of the following, sent *directly* from the institution to the Board office.

- high school from which you graduated
- *each* college or university you attended
- mortuary school you attended

## LICENSURE HISTORY

12. Do you hold, or have you ever held, a license to practice funeral services issued by any state? Yes ☐ No ☐ If yes, give the following information about each license you have held:

STATE	LICENSE NUMBER	LICENSE STATUS

Arrange for the Board office to receive a license verification (also called a letter of good standing) sent *directly* to the Board office from each state listed above.

13. Has any jurisdiction ever rejected or denied your application for licensure? Yes ☐ No ☐ If yes, submit a letter of explanation.

## DISCLOSURES

14. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes ☐ No ☐ If yes, submit a certified copy of your criminal history record.
15. Have you been the recipient of any administrative and/or disciplinary penalties regarding your practice of funeral services including, but not limited to, fines, formal reprimands, license suspensions or revocations (except for license revocation for non-payment of renewal fees), probationary limitations, and/or have you entered into any consent agreements which contain conditions placed by a Board on your professional conduct and practice, including any voluntary surrender of license? Yes ☐ No ☐ If yes, submit a letter of explanation.
16. Are you currently under investigation or are any complaints pending against you in any other jurisdiction? Yes ☐ No ☐ If yes, submit a letter of explanation.

**SPONSORSHIP – Sponsor completes and signs this section.**

### STATEMENT OF SPONSOR

I certify that I will direct and personally supervise the named Intern during his or her period of training to become a Delaware-licensed funeral director.

Sponsor Name: \_\_\_\_\_  
Last/Family Name First Middle

Delaware License Number: **K1-** \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Funeral Establishment Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_ Delaware \_\_\_\_\_  
City State Zip

**Signature of Sponsor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded.

Please note: When your application is complete, please allow 4-12 weeks to receive your license.

### AFFIDAVIT

The undersigned, having first been duly sworn (or affirms) according to law, states that he/she is the person who completed and signs this application, that the statements contained in the application are true, that he/she has not suppressed any information that might affect this application, that he/she understands that participating or cooperating in fraud or material deception in order to be licensed could result in the denial or revocation of the application or license and mandatory reporting of such actions to the Attorney General for further action, and that he/she has read and understands this affidavit.

**Signature of Applicant:** \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_ County or City of \_\_\_\_\_

The applicant named above, being first duly sworn, deposes and says that he/she is the person who executed this application, that the statements in it are true and that he/she has read and understands this affidavit.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 2 \_\_\_\_\_

SEAL Signature of Notary Public: \_\_\_\_\_

My commission expires \_\_\_\_\_

**APPLICATIONS THAT ARE INCOMPLETE, UNSIGNED, NOT NOTARIZED OR NOT ACCOMPANIED BY THE  
REQUIRED FEE WILL BE REJECTED.**